FEDERAL ASSISTANCE		2. DATE SUBMITTED 04/20/2010			Version 7/03 Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	04/30/2010				
Application	Pre-application				State Applicat	ion Identifier	
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL A	GENCY	ederal Identi	fier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name: American Bird Conservancy			Organizational Unit: Department:				
Organizational DUNS: 04 204 70			, '				
94-304-72			Division: Domestic Habitat				
Address: Street:			Name and telephone number of person to be contacted on matters involving this application (give area code)				
PO Box 249			Prefix: First Name: Merrie				
City: The Plains			Middle Name S.				
County: Fauquier			Last Name Morrison				
State: VA Zip Code 20198			Suffix:				
Country: United States			Email: mmorr@abcbirds.org				
6. EMPLOYER IDENTIFICATION NUMBER (EIN):				Number (give area code)		Fax Number (give area code)	
52 - 1501259			(540) 253			(540) 253-5782	
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)				
New Continuation Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			O. Not for Profit Organization Other (specify)				
							Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
15 - 637			Central Hardwoods Joint Venture				
TITLE (Name of Program): Migratory Bird Joint Ventures							
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties	, States, etc.):					
See Listing							
13. PROPOSED PROJECT Start Date: Project Control Ending Date			14. CONGRESSIONAL DISTRICTS OF:				
05/01/2010	Ending Date: 05/01	/2015	a. Applicant	10th		b. Project See listing	
15. ESTIMATED FUNDING:				CATION SI	JBJECT TO	REVIEW BY STATE EXECUTIVE	
Federal \$ 280,942.00			a. Yes. AVAILABLE TO THE OTATE AVAILABLE TO T				
b. Applicant \$		200,042.00	,	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
c. State \$			C	DATE:			
d. Local \$			b. No. PROGRAM IS NOT COVERED BY E. O. 12372				
e. Other \$			OR PROGRAM HAS NOT BEEN SELECTED BY STATE				
f. Program Income \$			17. IS THE A	PPLICANT	DELINQUEN	T ON ANY FEDERAL DEBT?	
g. TOTAL \$ 280,942.00					explanation.	☐ No	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH	0 1110NEED DI 18E C	ALL DATA IN THIS APPL	ICATION/DD	= 4 = 5 : 10 4 :			
ATTACHED ASSURANCES IF THat Authorized Representative	IE ASSISTANCE IS AV	VARDED.	TE AIT LIOAI	TI AND IN	E APPLICAN	T WILL COMPLY WITH THE	
	irst Name Merrie			Middle Na	me c		
_ast Name Morrison				Suffix			
Title Vice President for Operations				c. Telephone Number (give area code)			
Signature of Authorized Representative Digitally signed by Merrie Morrison				(540) 253-5780 e. Date Signed			
Merrie Morrison DN: ch=Merrie Morrison, cs-American Bird Conservancy, ou, cmall=mnormals-limits orgclist Date: 2010.04.30 15.07.27 -0400'				Standard Form 424 (Day 0.2000)			

APPLICATION FOR